



Public Health
Prevent. Promote. Protect.

Volusia County Health Department
Environmental Health

**DOH Approved Course
Provider # SP0012
For OSTDS & Swimming Pools & Spas**

Order Form For Computer Based Trainings
OSTDS, Swimming Pools & Spas, MRSA
Volusia County Health Department
121 W. Rich Ave.
DeLand, FL 32720
(386) 736-5583

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
 COMPANY: _____
COMPANY REGISTRATION NUMBER (For OSTDS orders) _____
 ADDRESS: _____
 CITY, ST, ZIP: _____
 PHONE: _____ FAX _____
 EMAIL: _____
 SIGNATURE _____

ITEM	QUANTITY	ITEM COST	TOTAL COST
OSTDS Professional Version 5.0 (14 CEU's) Course Approval # SC0280		\$85.00	
OSTDS Home Owner Version 1.0		\$6.00	
OSTDS Professional Version 5.0 Test Grading		\$40.00	
Swimming Pools & Spas Professional Version 4.0 (12 CEU's)		\$70.00	
Swimming Pools & Spas Professional Version 4.0 Test Grading		\$25.00	
MRSA (Methicillin-Resistant <i>Staphylococcus aureus</i>)		\$15.00	
EXPEDITED SHIPPING		\$25.00	

PAYABLE IN US FUNDS ONLY

CODING FOR COUNTY HEALTH DEPARTMENTS SAMAS
SAMAS Journal Transfer: Please use the following Benefiting Codes...
BF-ORG: (FOR OSTDS 64-39-64-60-361) (FOR POOLS 64-39-64-60-360)
 (FOR MRSA 64-39-64-60-300)
BF-EO: EV
BF-OBJ: 010300
BF-CAT: 001500
Benefiting JT information: 64-20-2-141001-64200700-64-001903-00

NOTE: Please forward a copy of the VOUCHER SCHEDULE by which this payment is made. We will not credit your account until evidence of the transfer is received.

CODING FOR JOURNAL TRANSFERS (for other State Agencies)
VENDOR ID # 64-20-2-141001-64200700-64-001903-00
BF CAT 001903
BF YR 00



Method of Payment: Check # _____ MasterCard Visa AMEX
 Account # _____ Exp Date: _____
 Cardholder Name: _____
 Signature: _____

PLEASE FAX THIS FORM BACK TO: (386) 736-5581